## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1230-2

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                      |                                     |              |                  |          | SMALL ENTITY TYPE  |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|---|--------------------------------------|-------------------------------------|--------------|------------------|----------|--------------------|------------------------|-------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 20                                   |                                     |              | ·                |          | RATE               | FEE                    | 7     | RATE                       | FEE                    |  |
| FC   | DR .   |   | NUMBER FILED                         |                                     | NUMBER EXTRA |                  |          | BASIC FEE          | 385.00                 | OR    | BASIC FEE                  | 770.00                 |  |
| TC   | OTAL CHARGE                                    | ABLE CLAIMS                               | ∂40 minus 20=                        |                                     | . 0          |                  |          | X\$ 9=             |                        | OR    | X\$18=                     |                        |  |
| INI  | DEPENDENT C                                    | LAIMS                                     | 3 m                                  | inus 3 =                            | * (          | 2                |          | X43=               |                        | OR    | X86=                       |                        |  |
| ML   | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                               |                                     |              |                  |          | +145=              |                        | OR    | +290=                      |                        |  |
| * If   | the difference                                 | e in column 1 is                          | ess than zero, enter "0" in column 2 |                                     |              | i                | TOTAL    | 382                | OR                     | TOTAL |                            |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                      |                                     |              |                  |          | OTHER THAN         |                        |       |                            |                        |  |
| (Column 1)   |  |   | (Column 2)                           |                                     |              | (Column 3)       | 1 -      | SMALL              | ENTITY                 | OR    | SMALL                      | ENTITY                 |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUME<br>PREVIO<br>PAID F            | BER<br>USLY  | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                | **                                  | •            | =                |          | ·X\$ 9=            |                        | OR    | X\$18=                     |                        |  |
| AME  | Independent                                    | *   | Minus                                | ***                                 | CL AINA      | =                |          | X43=               |                        | OR    | X86=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                      |                                     |              |                  |          | +145=              |                        | OR    | +290=                      |                        |  |
|  | ,  |   |                                      |                                     |              |                  | L        | TOTAL              |                        | l I   | TOTAL                      |                        |  |
|  |  | Ą   | DDIT. FEE                            | ·                                   | 1/           | ADDIT. FEE       |          |                    |                        |       |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | ER<br>USLY   | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NDN  | Total  | *   | Minus                                | **                                  |              | =                |          | X\$ 9=             |                        | OR    | X\$18=                     |                        |  |
| AME  | Independent                                    | *   | Minus                                | ***                                 |              | =                |          | X43=               |                        | OR    | X86=                       |                        |  |
|  | FIRST PRESE                                    | NTATION OF MU                             | LTIPLE DEP                           | ENDENT                              | CLAIM        |                  | <b>'</b> | +145=              |                        | OR    | +290=                      |                        |  |
| ٠.   |  | ٠   |                                      | •                                   |              |                  | <br>1A   | TOTAL<br>ODIT. FEE |                        | OR ,  | TOTAL<br>ADDIT, FEE        |                        |  |
|  |  | (Column 1)                                |                                      | (Colum                              | n 2)         | (Column 3)       |          |                    |                        | •     |                            |                        |  |
| <b>3</b>   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                    | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY   | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                | **                                  |              | =                |          | X\$ 9=             |                        | OR    | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                                | ***                                 |              | =                |          | X43=               |                        | .     | X86=                       |                        |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                                     |              |                  |          | +145=              |                        | OR    | +290=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                      |                                     |              |                  |          |                    |                        |       | +29U=<br>TOTAL             |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is I so than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Ind pend nt) is the highest number found in the appropriat box in column 1. |  |   |                                      |                                     |              |                  |          |                    |                        |       |                            |                        |  |